

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1

DOCUMENT # **p96000069718**

1. Corporation Name

PLANET CELL. INC

97 DEC 23 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3900 NW 79 AVE. #568

MIAMI FL 33166

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0689827

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	ARANHA, MARCELO R	4763 NW 99 PL	MIAMI FL 33178
PV	ARANHA RUBENS R JR	4763 NW 99 PL	MIAMI FL 33178

0000002384840-1
-12/29/97-01122-008
****165.00 ****165.00

A. Alan
12/23/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

MILLENNIA CONSULTING SERVICE INC
Street Address (P.O. Box Number is Not Acceptable)

444 BRICKEL AVE. #750

Suite, Apt. #, Etc.

City

MIAMI

State Zip Code

FL 33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

Nov. 17/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marcelo R. Aranha
MARCELO R. ARANHA

Nov. 17/97
Date Daytime Phone # **305 769050**

1997-12-23

2

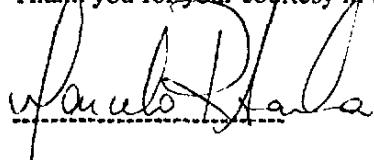
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Sir/Ms.:

Per instructions from the Division of Corporations, I am attaching a check in the amount of \$165.00 for the Annual Report fee.

I also state that I have not received the first notice from the Division of Corporations.

Thank you for your courtesy in this matter.

A handwritten signature in cursive script, appearing to read "Paulo R. Halla", written over a horizontal dashed line.

President